

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90010 011 \*\*\*150.00

<b>DOCUMENT # P98000035603</b> 1. Entity Name <b>TOWN SQUARE EXCHANGE CORPORATION</b>																	
Principal Place of Business <b>749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801</b>			Mailing Address <b>749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801</b>														
2. Principal Place of Business - No P.O. Box # <b>250 East Colonial Drive Suite 300</b> Suite, Apt. #, etc. <b>Suite 300</b>		3. Mailing Address <b>250 East Colonial Drive</b> Suite, Apt. #, etc. <b>Suite 300</b>															
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>		4. FEI Number <b>59-3527473</b>													
Zip <b>32801</b>	Country <b>USA</b>	Zip <b>32801</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required													
6. Name and Address of Current Registered Agent  <b>KINGMAN KEATING, JOHN 749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>John Kingman Keating</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 East Colonial Drive</b> <b>Suite 300</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>													
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE <b>MAR 31 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (If the Registered Agent signature required when reinstating)</small>																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D. KINGMAN KEATING, JOHN <input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>749 NORTH GARLAND AVENUE SUITE 101</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32801</td> </tr> </table>			TITLE	D. KINGMAN KEATING, JOHN <input type="checkbox"/> Delete	STREET ADDRESS	749 NORTH GARLAND AVENUE SUITE 101	CITY-ST-ZIP	ORLANDO, FL 32801	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D. Kingman Keating, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>250 East Colonial Drive, Suite 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orlando, Florida 32801</td> </tr> </table>			TITLE	D. Kingman Keating, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	250 East Colonial Drive, Suite 300	CITY-ST-ZIP	Orlando, Florida 32801
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																	
SIGNATURE: <b>John Kingman Keating</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>MAR 31 2008</b> <small>Date</small>													
				<b>407-425-2907</b> <small>Daytime Phone #</small>													